

Status: Finalized

## I. Center Identification

Organization Name: VISION SURGICAL CENTER AT SPRINGHILL

Street Address: 302 W. 14th Street

City: Jeffersonville

County: IN

Administrator Name: Robert Dienethal

Administrator Email: rdienethal@have2020.com

ASC Web Address: Have2020.com

Fiscal Year: 2015

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O Yes O No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	2	
Number of procedure rooms	2	

## III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3550	6486
D. T M 4 E 4 C i - 1 D 1 D -	1	
B. Ten Most Frequent Surgical Procedures Pe CPT Code	erformed	Total Procedures
	orformed	Total Procedures
CPT Code	orformed	
CPT Code 66984	prformed	4256

67040	68
65855	63
67042	57
66761	36
67108	35
67041	28

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	